

CLAIMS ONLY							Application Number 09/701 950		Filing Date				
							Applicant(s)						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1			—				51						
2				—			52						
3				—			53						
4				—			54						
5				—			55						
6				—			56						
7			/	—			57						
8				—			58						
9				—			59						
10				/			60						
11			/	/			61						
12				—			62						
13				—			63						
14				/			64						
15			/	/			65						
16				/			66						
17				/			67						
18				/			68						
19				/			69						
20				/			70						
21			/	/			71						
22				/			72						
23				/			73						
24				/			74						
25				/			75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	↙		4	↘	↙		Total Indep	↙		↘	↙		↘
Total Depend	↙		16	↘	↙		Total Depend	↙		↘	↙		↘
Total Claims			20				Total Claims						